

<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>			Docket Number																												
<b>FY 2007</b> (fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818))			CE09360I																												
Application Number	10/625,389	Filed	July 23, 2003																												
For	METHOD AND APPARATUS FOR MAINTAINING SIP CONTACT																														
Art Unit	2152	Examiner	LEE, PHILIP C.																												
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows: (check time period desired):</p> <table border="1"> <tbody> <tr> <td><input type="checkbox"/></td> <td>One Month (37 CFR 1.17(a)(1))</td> <td>\$120.00</td> <td>\$</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Two Months (37 CFR 1.17(a)(2))</td> <td>\$450.00</td> <td>\$450.00</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Three Months (37 CFR 1.17(a)(3))</td> <td>\$1020.00</td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Four Months (37 CFR 1.17(a)(4))</td> <td>\$1590.00</td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Five Months (37 CFR 1.17(a)(5))</td> <td>\$2160.00</td> <td>\$</td> </tr> </tbody> </table> <p> <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.  <input type="checkbox"/> A check in the amount of the fee is enclosed.  <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.  <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.  <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required or credit any overpayment, to Deposit Account Number <b>502117</b>. The Deposit Account Name is <b>Motorola, Inc.</b>  I have enclosed a duplicate copy of this sheet. </p> <p>I am the:</p> <p> <input type="checkbox"/> Applicant/inventor  <input type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).  <input checked="" type="checkbox"/> Attorney or agent of record (Registration No.: <u>44,798</u>)  <input type="checkbox"/> Attorney or agent under 37 CFR 1.34  Registration number if acting under 37 CFR 1.34 _____ </p> <p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p> <table> <tbody> <tr> <td>1/24/2007</td> <td>/Jeffrey K. Jacobs/</td> </tr> <tr> <td>Date</td> <td>Signature</td> </tr> <tr> <td>847-576-5562</td> <td>Jeffrey K. Jacobs – Reg. No. 44,798</td> </tr> <tr> <td>Telephone Number</td> <td>Type or printed name</td> </tr> </tbody> </table> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.</p> <p>Submit multiple forms if more than one signature is required, see below.</p> <p><input checked="" type="checkbox"/> Total of <u>1</u> form(s) are submitted</p>				<input type="checkbox"/>	One Month (37 CFR 1.17(a)(1))	\$120.00	\$	<input checked="" type="checkbox"/>	Two Months (37 CFR 1.17(a)(2))	\$450.00	\$450.00	<input type="checkbox"/>	Three Months (37 CFR 1.17(a)(3))	\$1020.00	\$	<input type="checkbox"/>	Four Months (37 CFR 1.17(a)(4))	\$1590.00	\$	<input type="checkbox"/>	Five Months (37 CFR 1.17(a)(5))	\$2160.00	\$	1/24/2007	/Jeffrey K. Jacobs/	Date	Signature	847-576-5562	Jeffrey K. Jacobs – Reg. No. 44,798	Telephone Number	Type or printed name
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